# Gas Strength and Tightness Testing (Non Domestic)

Enter Company Gas Safe Registration Number 571661

**CUSTOMER DETAILS**

Name (Mr/Mrs/Miss/Ms) UoS Accommodation Limited

Address Millstones AB
Endcliffe Village
Sheffield

Postcode

Tel No —

Contract Number UoS

**SERVICE CENTRE**

Address EGE
14 Endcliffe Avenue
Sheffield

Postcode S10 3EA

Tel No 0114 2227446

| Indicate work undertaken | Tightness test | Strength test |
|---|---|---|
| Scope of works | Job No | |
| Annual Gas PPM and Tightness Test | | |

**Test Instrument**

| | |
|---|---|
| Type (meter/elec etc) | Electronic |
| Serial No if applicable | U300 JQES390 |

| TIGHTNESS TEST DETAILS | TPCP1 | TPCP1A |
|---|---|---|
| Tested To TPCP1 or TPCP1A tick as apropriate | | ✓ |
| Gas type Natural Gas (NG) Liquefied Petroleum Gas (LPG) | | CNG |
| Installation - New (N) - New extension (NE) - Existing (E) | | E |
| Could weather/changes in temperature affect test? Yes/No | | |
| Meter type (Diaphragm, Rotary etc) (N/A if meter not included in test) | | D |
| Meter designation (U16, U40, P7 etc) (N/A if meter not included in test) | | U16 |
| Pressure bypass installed if applicable (Yes/No/NA) | | NA |
| Gas meter volume ($m^3$) | | 0.025 |
| Installation volume pipework and fittings ($m^3$) | | 0.015 |
| Installation volume total ($m^3$) | | 0.040 |
| Test medium - fuel gas, air | | CNG |
| Tightness test pressure (TTP) mbar/~~kPa~~ | | 21.0 |
| Gauge GRM | | 0.5 |
| Pressure gauge type (water, high SG, electronic etc) | | E |
| Maximum permitted leak rate (MPLR) $m^3/h$ | | |
| Maximum Permitted pressure drop (mbar) | | 4.2 |
| Let-by test period (minutes) | | 2 |
| Stabilisation period (minutes) | | 6 |
| Tightness test duration (TTD) (minutes) | | 2 |
| Any inadequately ventilated areas to check? Yes/No | | NO |
| Is barometric pressure correction necessary? Yes/No | | |
| **FINDINGS** | | |
| Actual pressure drop (if any) mbar | | 0.0 |
| Actual leak rate m3/hr | | |
| Have inadequately ventilated areas been checked? Yes/NA | | NA |
| Tightness test Pass or Fail | | PASS |

| STRENGTH TEST DETAILS | |
|---|---|
| State test method Pneumatic (P) or Hydrostatic (H) | |
| Installation - New (N) - New extension (NE) - Existing (E) | |
| Have components not suitable for strength testing been removed or isolated from installation as necessary (Yes/NA) | |
| Calculated strength test pressure (STP) (m/bar/bar) | |
| Test medium - air, nitrogen, water (hydrostatic test) etc | |
| Stabilisation period (minutes) | |
| Strength test duration (STD) (minutes) | |
| Permitted pressure drop (for STP) | |
| Calculated pressure drop (mbar/bar) | |
| FINDINGS | |
| Actual pressure drop (mbar/bar) | |
| Strength test Pass or Fail | |

**DECLARATION OF GAS SAFETY** - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Engineers Signature [redacted] Date 25/6/20

Print Name

Responsible Person's Signature

Attention : Where additional safety checks have been necessary to ensure the gas system is safe, the responsible person has been informed and has accepted the results. The installations has been left operational.

**NOTIFICATION OF UNSAFE GAS INSTALLATION** - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures. However, an unsafe gas installation has been identified, details of which are listed on a separate Warning/Advice Notice.

Engineers Signature Date

Print Name

Responsible Person's Signature

Copies : WHITE - Customer Copy YELLOW - Site Copy PINK - Office Copy GREEN - Engineer's Copy